

TOXIC MEGACOLON

The patient's postoperative course was uneventful, with return of mentation to normal within a week. Of further interest is the fact that on sigmoidoscopy, three months following colectomy, the remaining 20 cm of rectum was found to be completely normal. That this should occur in the setting of idiopathic ulcerative colitis is exceedingly rare, thus suggesting another diagnosis.^{17,18}

In summary, I can only speculate that in our patient idiopathic ulcerative colitis was not present and that the positive culture for *Shigella* was accurate. Therapy with Lomotil, by increasing intestinal transit time, allowed for prolonged contact between the organism and the colonic epithelium, thereby enhancing its invasiveness. It may also have contributed to mechanical circumstances favoring colonic dilatation. Administration of antibiotics may have eradicated the bacterial infection, but by that time an irreversible chain of events had been started which led to the development of toxic megacolon.

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Premenstrual Tension Resembling Relapse into Depression or Psychosis

When my nurse gets a phone call from a patient who seems to be slipping back (into a depressed or psychotic state), and if it's a woman, I have her immediately inquire if the woman is menstruating or about to menstruate because quite often, in that premenstrual situation, they do have some symptoms which could resemble the beginning of a relapse and yet they are not. An astute clinician can make that distinction simply by discussing it with the patient on the telephone and not immediately putting the patient back on medication. This is a very important point that many doctors overlook.

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